

To Nebraska Department of Health and Human Services and Nebraska State Patrol
By Clerks of the District Courts per requirement of Neb. Rev. Stat. 69-2409.01
Reports are due within **30 days of an action.**

Mental Health Board Ordering Commitment: (Print name)	
Type of Commitment: Outpatient (circle) Inpatient	Responsible Facility:
Contact Person Completing Report: (Print)	Phone Number: () _____ Area Code Number Extension
County of Commitment: (Print Name)	<u>Commitment Date:</u> _____ Month Day Year
Discharge date from Commitment: _____ Month Day Year <u>To discharge</u> make copy of initial report and complete discharge information. Please mark type of report above and add date in column indicated. <u>To remove disability</u> indicate date in type of report above.	Submit reports to: Behavioral Health Administrator, Community Services Division of Behavioral Health Nebraska Department of Health and Human Services PO Box 95026 Lincoln NE 68509-5026 Nov. 2011 Edition. Destroy Previous Editions

Instruction for Completing Reporting the Order of Commitment

Use the **Reporting the Order of Commitment** form to report commitments made by a Mental Health Board to the Division of Behavioral Health and Nebraska State Patrol. This form complies with Neb. Rev. Stat. 69-2409.01. Original reporting of commitment orders and discharges from commitment use the same form. The same form can be used to report corrections to the commitment order and to remove the disability from the purchase of a handgun (LB512-2011). Reports are required **within 30 days of an action** (NRRS 69-2409.01). Until the automated system is available this form will be used to report to the Department of Health and Human Services and to the Nebraska State Patrol. Submit form to the address provided.

ALL INFORMATION IS CONSIDERED CONFIDENTIAL as indicated in the HANDGUN REPORTING LAW NRRS 69-2401 to 69-2425.

THE FORM HAS FOUR SECTIONS.

Section 1 - Type of Report

There are four types of information reported using this form: Commitment, discharge, correction and disability removal.

Commitment - Check the box if this is a commitment order and indicate the date of the order in the column to the right by filling in Month, Day and Year (MM/DD/YYYY).

Discharge from Commitment - Check discharge when a board issues a rescission to its initial or current commitment order and indicate the date of the order in the column to the right.

Correction - As additional information about the person (usually identifying information) becomes available use this form to make changes to the database. Please indicate a date in the column to the right.

Disability Removal: (LB512-2011) –Beginning January 1, 2012 – Persons who have been relieved of their disability to purchase handguns by action of the Mental Health Board (LB512-2011). Indicate the date of the determination and submit to the Division at the address supplied on the form – All actions are subject to verification by the Division or State Patrol.

Section 2 - Identifying Information

This information is requested of all commitments to distinguish one person from another.

Social Security Number - This number is an element of the unique identifier but is not the sole element of the identifier. If the individual is a documented non-citizen, they may have only a number assigned by the Immigration Service. That immigration number is from 7 to 9 digits in length, SSN is 9 digits, so the number will be left justified i.e. "1234567" becomes "123-45-6700".

Date of Birth: Indicate Date of Birth by Month, Day and Year (MM/DD/YYYY). If the Month, Day or Year is not known, fill in as much information as you can. Leave blank Month, Day or Year if there is no information.

Race: Mark an "x" for the race category that best describes the individual – this can be a multi select.

Gender: Indicate whether the individual is a Male or Female.

County of Legal Residence: The person calls this county home. Usually a person has a permanent housing arrangement, tax return, or receives mail at a given community or county. If the person is from a county that is not in Nebraska, indicate the state using the 2-letter postal service abbreviation found in most local phone directories.

Section 3 - Name of Person Ordered To Receive Mental Health Treatment

The person responds to this current or common name. In some cases, an individual may have nicknames, or may have changed their name. Indicate all names in the order, Last, First and Middle along with any suffix such as Junior, Senior, II or III, etc. Use the back of the form for additional names.

Section 4 - Commitment Admission and Discharge information

Mental Health Board Ordering Commitment: Enter the legal name of the board handling the commitment (see NRRS 71-915) and creating the order of commitment.

Type of Commitment: Individuals committed by the Mental Health Board will either be on an outpatient or an inpatient commitment. Individuals on an outpatient commitment receive their treatment from outpatient providers/non-inpatient providers, which could be a residential provider, e.g. Short-Term Residential (substance abuse treatment). Individuals on an inpatient commitment are always committed to the Department of Health and Human Services and will receive their treatment at a community-based hospital selected by the Department of Health and Human Services.

Responsible Facility: A responsible facility, in the case of an Outpatient Commitment, is a facility or individual mental health licensed practitioner to whom the Mental Health Board is ordering the individual to attend treatment. Either the provider or individual mental health licensed practitioner is responsible for reporting to the Board the progress of the person in treatment (see 71-931 and 71-932).

A responsible facility for an Inpatient Commitment is **ONLY** the Department of Health and Human Services. The Department of Health and Human Services places the individual in a treatment agency based on the severity of the individual's mental illness and then the treating provider reports to the board the placement and progress (see 71-931 and 71-932).

Contact Person Completing Report: Indicate the staff member of the District Court responsible for processing the orders of the board.

Phone Number: The phone number of the staff member completing the commitment order.

County of Commitment: The name of the Nebraska County making the initial petition for commitment. This is either the county of the sitting board, or may be a county that contracts with the board to function on its behalf.

Commitment Date: The date in which the board makes its determination to commit an individual or the date of the change such as from inpatient to outpatient.

Discharge Date from Commitment: The date of release from Commitment or the date of a change in the commitment type (i.e. inpatient to outpatient). To discharge make a copy of the initial report and complete discharge information. Please mark type of report in Section 1 and add the date in the column indicated. If a commitment order is amended from inpatient to outpatient, a discharge from inpatient is generated and a new order is made for outpatient. Both the discharge from inpatient and the order for outpatient should be submitted or vice versa.

General information to the Boards:

Commitments are not open ended. A commitment is made to protect the public interest during a crisis in an individual's life in which a person becomes a danger to themselves or others. (NRRS 71-915) Commitments are initiated to protect an individual from harming themselves or from harming others due to a mental illness. The Board is responsible for the individual during the commitment period. The Board should receive periodic reports from the treating facility or mental health professional, and is encouraged to take immediate action on reports by the treating facility or mental health professional.

The Board is also responsible for notifying the individual of their release from the commitment, and for notifying the Division of Behavioral Health and Nebraska State Patrol that the commitment has a discharge status.

Section 5 - Where to file Reports

The Division of Behavioral Health and the Nebraska State Patrol have entered into an interagency agreement to share information using the DBH process until a new electronic process can be developed.

Submit Report(s) to:

Behavioral Health Administrator,
Community Services
Division of Behavioral Health
Nebraska Department of Health and Human Services
PO Box 95026
Lincoln NE 68509-5026
Phone: 402-471-7818; FAX: 402-471-7859

Questions/suggestions: Please contact the administrator with questions and suggestions on how to improve this reporting process. Thank you for your reporting!

November 2011 edition – Destroy any previous editions of this reporting form.

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